

22883

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/954,522
		Filing Date	Sep 11, 2001
		First Named Inventor	Hitz
		Group Art Unit	2177
		Examiner Name	Wassum, L.
Total Number of Pages in This Submission	9	Attorney Docket Number	103.1002.12

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (2 copies)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached (PTO Form 2038 - 2 copies)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Part B - Fee(s) Transmittal (2 copies)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Transmittal of Issue Fee Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Return Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
Signature		
Date	02-17-2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on this date:

2/17/2004

Type or printed name	Steven A. Swernofsky	Date	2/17/2004
Signature			

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SC16

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1639.00)

Complete if Known

Application Number	09/954,522
Filing Date	9/11/2001
First Named Inventor	Hiltz, et al.
Examiner Name	Wassum, L.
Art Unit	2177
Attorney Docket No.	103.1002.12

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account

Deposit Account Number	50-0365
Deposit Account Name	Swernofsky Law Group PC

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
1001	770	2001 Utility filing fee	
1002	340	2002 Design filing fee	
1003	530	2003 Plant filing fee	
1004	770	2004 Reissue filing fee	
1005	160	2005 Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="checkbox"/>	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>
Multiple Dependent	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>

Large Entity | Small Entity

Large Entity	Small Entity	Fee Description	Fee Paid
1202	18	2202 9 Claims in excess of 20	
1201	86	2201 43 Independent claims in excess of 3	
1203	290	2203 145 Multiple dependent claim, if not paid	
1204	86	2204 43 **Reissue independent claims over original patent	
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)				Fee Paid
3. ADDITIONAL FEES		Fee Description		
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	
		1051	130	
		1052	50	
		1053	130	
		1812	2,520	
		1804	920*	
		1805	1,840*	
		1251	110	
		1252	420	
		1253	950	
		1254	1,480	
		1255	2,010	
		1401	330	
		1402	330	
		1403	290	
		1451	1,510	
		1452	110	
		1453	1,330	
		1501	1,330	\$1330.00
		1502	480	
		1503	640	
		1460	130	
		1807	50	
		1806	180	
		8021	40	
		1809	770	
		1810	770	
		1801	770	
		1802	900	
		8005	Publication Fee; 8001 Patent Copies (3)	
		Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3)	(\$ 1639.00)	

SUBMITTED BY

Name (Print/Type)	Steven A. Swernofsky	Registration No. (Attorney/Agent)	33,040	Telephone	650-947-0700
Signature	<i>SA Swernofsky</i>			Date	52-17-2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on



22883

Attorney Docket 103.1002.12

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hitz

Serial No. 09/954,522

Filed: 9/11/2001

For: Copy on Write File System
Consistency and Block Usage

Art Unit: 2177

Examiner: Wassum, L.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:

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Alexandria, VA 22313-1450

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Date Name

TRANSMITTAL OF ISSUE FEE

Honorable Commissioner
for Patents
MAIL STOP ISSUE FEE
Alexandria, VA 22313-1450

Dear Sir:

With respect to the above-identified patent application, enclosed herewith for filing are the following:

1. Part B —Fee(s) Transmittal (2 copies);
2. Fee Transmittal Form SB/17 (2 copies); and

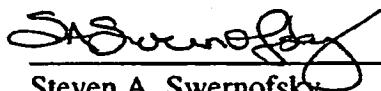


22883

3. Credit Card Payment Authorization in the amount of \$1639.00 for payment of the Issue Fee (\$1330.00), the Publication Fee (\$300.00), and for three (3) copies of the printed patent (\$9.00).

Respectfully submitted,

Dated: 02-17-2004



Steven A. Swernofsky
Reg. No. 33,040

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